## STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

## MENTAL HEALTH PROVIDER CLAIM FOR SERVICES NON-CONFLICT CASES

Name of Claimant			Vendor ID #		
Service Provided:					
☐ Consultation			☐ Sentencing Options		
☐ Screening			☐ Fitness to Proceed		
☐ Comprehensive Evaluation			☐ Testimony		
	Sex Offender Evaluati	ion			
pre-approval notice summary forms mus appropriate form. All case number and att following the month i	e for all pre-approved c t be prepared for non-c travel expenses report ached to this claim form n which costs were inc ase. Please mail the c	ent, rate of pay, and a costs. OPD client number conflict cases. The attorted on this claim are to m. Claimant must submit this claim curred. Submit this claim are to briginal. We cannot accomplished the complete the confliction of the confl	ers are assigned ney requesting y be detailed on a nit a monthly claim to the Regioncept faxes.	by the Regional Cour services can our services can outravel expense void may the 10th of the services.	office. Separate direct you to the bucher form by he month
Month of Service Billing for Region					
Client Name	OPD-Assigned Case ID #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS		-	_	-	_
The undersigned clai	mant certifies that the c	cases listed, expenses c	laimed and the ti	mes reported are t	rue and accurate
Claimant's Signature	/Date of Submission	-			
	pproval/Date Approved		Contract Manage	ger's Approval/Da	to Approved

Signatures above certify that all costs in excess of \$200 have been pre-approved.

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OPD Feb09MHNC